T	CAM	PAIGN CONTRIBUTIONS AND EXI	PENSES REPORT			State of Nevada	
	Name (		Trustee, Office (if applicable)	Lncli	750	District (if applicable)	798
	Transmis Inval	Address 95 Prock 91	p earth	link, not	Telephone No.		
		Appropriate Box(es) CANDIDATE		□IND EXP □N	NONPROFIT CORP		
			E FUND MENDED	□LOCAL BAG	TOTAL TOTAL		
		Annual Filing - Due January 15, 2 Period: January 1, 2009 - December 31, 20	<b>010</b> 009		Cer	+ Mail	
		Report #1 — Due June 1, 2010* Period: Jan. 1, 2010 — May 27, 2010				LEU	
		Report #2 Due — October 26, 2010 Period: May 28, 2010 — Oct. 21, 2010	)*		JAN	7 2011	
	×	Report #3 Due — January 15, 2011 Period: Oct. 22, 2010 — Dec. 31, 2010	*/**		SECRETA	ARY OF STATE ONS DIVISION	
		Annual Filing – Due January 15, 20 Period: January 1, 2010 – December	011 or 31, 2010		FOR OF	FICE USE ONLY	
	***	These Reports are filed by incumbent Third Report suffices for 2011 Annual	s/candidates in the Filing if candidate	2010 election cyclasso filed Report	cle Nos. 1 and 2		
		CONTRIBUTIONS SUM				Cumulative From Beginning of	
					This Period	Report Period #1 through End of This Reporting Period	
		. Total Monelary Contributions Received in Exce (See page 1 of instruction sheet)			200	3150	
		<ol> <li>Total Monetary Contributions in the form of log party. (See page 2 of instruction sheet)</li> </ol>			_ 0	0	
	3	. Total Monetary Contributions in the form of loa (See page 2 of instruction sheet)	ns that were forgiven	Cumulative From	0	0	
			This Period	Beginning of Report Period #1 Through End of This Reporting			
	4.	. Total Amount of Monetary Contributions		Period			
	5.	Received (Add Lines 1 through 3) (See page 2 of instruction Total Amount of Written Commitments for	n sheet)		200	3150	
		Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	0	0			
	6.	Total Value of In Kind Contributions Received Excess of \$100 (See page 2 of instruction st	1	0			
			EXPENSES SUI	MMARY			
		Total Monetary Expenses Paid in Excess of \$1 (See page 2 of instruction sheet)  Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	00	0	1363	3896	
			AFFIRMATI	ON			
Note #	1 - A	s of Jan. 1, 2011	leftover ca	empaign	fund w	as \$591	
	I Declar	re Under Penalty of Perjury That the F	oregoing is True an	d Correct.			
	2	Ene Brookwan		1-	5-201	,	
14. #	Signature			Date			
NOLE "Z	- 0	n Jan. 5, 2011 be	elence of	campain	gn fund	was	
	DIC	nated to North	t have Lie	ons cla	ub, In	c. a non	-
	EL201.doc	ofit, tax exemp	sed: Sept. 2009	801184 (	PAGE /	1-195853. F-4	

#3

Gene Brockman

Incline Village Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
M. Sylvester POB 4494	10/26/10	200			
Incline V.11. 89450	2010				

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PAGE 2 OF 4

Gene Name (print)

Brockman

Office (if applicable)

District (if applicable)

## **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

PAGE 3 OF 4

#3

Gene Brockman Name (print) Incline Village GID
Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Fry's Electronics Sacramento, CA	A	10/25/10	334
Frys Electronics Sacraments, Cot	A	18/28/10	76
Carson City, NV	A	11/20/10	537
Carson City, NV	A	12/7/10	172
Vo. Tahoe Bonanza Incline Village	D	"/1/10	244
			1363

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Revised: Nov-09